



CRIMINAL JUSTICE PROGRAMS DIVISION
GOVERNOR'S OFFICE OF EMERGENCY SERVICES

P.O. BOX 419047
RANCHO CORDOVA, CALIFORNIA 95741-9047
(916) 324-9100
FAX: 327-5674



July 6, 2004

Diane Nissen, Project Director
Channel Islands State University
One University Drive
Camarillo, CA 93012

Dear Ms. Nissen:

The Governor's Office of Emergency Services (OES), Criminal Justice Programs Division, is pleased to announce the release of the Northern California Child Abuse Training and Technical Assistance (CATTa) Program Request for Application (RFA).

The project currently funded, Channel Islands State University, is eligible to receive funding under this program.

A hard copy of the RFA is enclosed. It can also be obtained from the website, www.oes.ca.gov by following these steps: select OES Divisions and Regions, Criminal Justice Programs Division, RFA Funding Information.

The grant period will begin July 1, 2004, and end June 30, 2005. The total program funding level for the CATTa Program for Fiscal Year (FY) 2004/2005 is anticipated to be \$302,000. Each CATTa Center, Northern and Southern California, will receive \$151,000. This program is made available through state general funds. Please note, continuation funding is contingent on passage of the State Budget Act and successful project performance and compliance with the grant award agreement.

To receive continued funding in FY 2004/2005, the application should be received or postmarked by Monday, July 19, 2004. Instructions for mailing the application are included in the RFA.

Should you have questions, please contact Gina Roberson at (916) 324-9197.

Sincerely,

GILLSA MILLER, Chief
Children's Section

Enclosure

**GOVERNOR'S OFFICE OF EMERGENCY SERVICES
CRIMINAL JUSTICE PROGRAMS DIVISION**

**CHILD ABUSE TRAINING AND
TECHNICAL ASSISTANCE (CATA) PROGRAM
REQUEST FOR APPLICATION**



July 2004

**GOVERNOR’S OFFICE OF EMERGENCY SERVICES
CRIMINAL JUSTICE PROGRAMS DIVISION**

**CHILD ABUSE TRAINING AND TECHNICAL ASSISTANCE (CATTa) PROGRAM
REQUEST FOR APPLICATION**

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**GOVERNOR'S OFFICE OF EMERGENCY SERVICES
CRIMINAL JUSTICE PROGRAMS DIVISION**

**CHILD ABUSE TRAINING AND TECHNICAL ASSISTANCE (CATTa) PROGRAM
REQUEST FOR APPLICATION**

PART I – INFORMATION

A. INTRODUCTION

This Request for Application (RFA) provides all of the information and forms necessary to prepare an application for the Governor's Office of Emergency Services (OES) grant funds. The terms and conditions described in this RFA supersede all previous RFAs and any conflicting provisions stated in the *Grantee Handbook*. However, the *Grantee Handbook* provides helpful information you may wish to consult while developing your application. A copy can be obtained from website, www.oes.ca.gov. Applicant can select "Plans and Publications, RFA/RFP Grantee Handbook" to access the *Grantee Handbook*.

B. CONTACT INFORMATION

***Gina Roberson, MS
Criminal Justice Specialist
(916) 324-9197
Fax: (916) 324-8554
gina.roberson@oes.ca.gov***

Questions concerning this RFA, the application process, or programmatic issues should be submitted to the above contact person by telephone, fax, or e-mail.

C. APPLICATION DUE DATE

To submit an application, applicant must deliver the application to OES **by 5:00 p.m.** on the due date, or mail the application postmarked by the due date.

The Due Date Is: Monday, July 19, 2004.

If an extension is needed, one may be requested by contacting the person listed above.

Applicant must submit **one original and one copy** of the application to:

Governor's Office of Emergency Services
Criminal Justice Programs Division
P.O. Box 419047
Rancho Cordova, CA 95741-9047
Attn: CATTa RFA – Children's Section

or

If sending application by **overnight delivery**, submit to:

Governor's Office of Emergency Services
Criminal Justice Programs Division
3650 Schriever Avenue
Mather, CA 95655
Attn: CATTa RFA – Children's Section

If the application will be **hand-delivered**, it should be delivered to the Governor's Office of Emergency Services at 1130 K Street, Suite 300, Sacramento. Please note the following: 1130 K Street is located at the southwest corner of the intersection of 12th and K Streets. A Bank of America is located on the first floor of this building. Please note that K Street is a pedestrian mall. Indoor parking structures are located on the east side of 12th Street between K and L Streets (connected to the Hyatt Regency Hotel), and on 10th Street between K and L Streets. Street parking is limited and requires quarters for parking meters. Once you enter the building at 1130 K Street, take the elevator to the third floor and proceed straight down the hall to the Receptionist Office behind the double wooden doors labeled "State of California: Governor's Office of Emergency Services." The application will be date stamped and you may request a receipt.

D. ELIGIBILITY

The currently funded Northern California and Southern California Child Abuse Training and Technical Assistance (CATTAs) Centers are eligible to apply. For purposes of this RFA, California State University (CSU), Sonoma, California Institute on Human Services is eligible to apply for the Northern CATTAs Center; CSU, Channel Islands, Channel Islands Foundation is eligible to apply for the Southern CATTAs Center.

E. FUNDING CYCLE AND DURATION

The CATTAs program is funded with state general funds. The total amount available for the program is \$302,000, which will be split equally between the Northern and Southern California Centers so each will receive \$151,000.

This is the third and final year of the current funding cycle. Funds available through this RFA are for the grant period beginning July 1, 2004, and ending June 30, 2005.

F. PROGRAM INFORMATION

Welfare & Institutions Code (WIC) Section 18275 states, "the legislature finds that there is a need to develop programs to provide the kind of innovative strategies and services which will ameliorate, reduce, and ultimately eliminate the trauma of child sexual abuse." According to the requirements of WIC Sections 18276 and 18276.5, the functions and goals of the programs developed by the training centers shall include the following:

1. **Training Delivery:** The training centers must develop, implement, and maintain a current training plan on child abuse for reaching all counties. The Northern CATTAs Center is responsible for a service area of forty-eight counties and the Southern CATTAs Center is responsible for a service area of ten counties. Training should be distributed throughout the state, including rural communities, and when appropriate should incorporate regional models of training for broader coverage rather than being limited to individual service providers. The statute does not limit the activities of the training centers to focusing solely on child sexual abuse issues.
2. **Selection of Trainees:** The statutes require the training centers to develop programs designed to train interagency teams of service providers and individual service providers throughout the state on child sexual abuse issues, including public and private personnel, who shall in turn, duplicate the training in their communities. As funds are available, tuition for individuals to attend training is allowable.

3. Public Awareness Campaign: The training centers must develop an awareness campaign to educate the public about the issues of child abuse and child sexual abuse as well as where services are available. Outreach efforts to the non-English speaking public shall be made.

These Statutory requirements have been incorporated into the project objectives and activities required under this grant.

G. PREPARING AN APPLICATION

For clarity, the forms in Part III include an Application Cover Sheet. Please complete the Application Cover Sheet and attach it to the front of the application.

The following five components are required for a complete application:

- Application Cover Sheet,
- Grant Award Face Sheet (Form A301),
- The Project Narrative,
- The Budget Narrative and Project Budget (Forms A303a-c), and
- The Application Appendix.

**GOVERNOR'S OFFICE OF EMERGENCY SERVICES
CRIMINAL JUSTICE PROGRAMS DIVISION**

**CHILD ABUSE TRAINING AND TECHNICAL ASSISTANCE (CATTa) PROGRAM
REQUEST FOR APPLICATION**

PART II – INSTRUCTIONS

The instructions in this section correspond to each of the application components, as well as to the forms provided in Part III.

Applicant must use the forms provided or computer-generated forms, and plain 8½" x 11" white paper for the project narrative sections. If computer-generated forms are used, they must duplicate the OES forms.

Application must be typed with characters no smaller than standard 12-pitch font. **Applicant must double-space all narrative sections of the application.**

Copies of the application must be assembled separately and individually fastened in the upper left corner. **Do not bind application.**

A. THE PROJECT NARRATIVE

The project narrative is the main body of information describing the problem to be addressed, the plan to address that problem through appropriate and achievable objectives and activities, and the ability of the applicant to implement the plan.

1. Problem Statement

The problem statement was identified in the first year of funding. Therefore, it is not required for this application.

2. Plan and Implementation

Plan: The applicant should provide a summary of its planned objectives and activities to achieve the following components of the CATTa program:

1. Training and Technical Assistance:
 - a. Identification of relevant client groups within each region
 - b. Type of training and technical assistance to be offered
 - c. Collaboration and coordination
 - d. Culturally and linguistically competent training and technical assistance to be provided
 - e. Proposed training schedule for fiscal year (FY) 2004/2005
2. Information Development and Distribution
 - a. Newsletter
 - b. Resource Directory
 - c. Website and Linkages

Implementation: The project's ability to implement the plan was presented in the first year of funding. Therefore it is not required for this application.

B. THE PROJECT BUDGET

The purpose of the Project Budget is to demonstrate how the project will implement the proposed plan with the funds available through this program. Project costs must be directly related to the objectives and activities of the project. The budget must cover the entire grant period. In the budget, include **only** those items covered by grant funds, including match funds when applicable. Projects may supplement grant funds with funds from other sources. However, since all approved line items are subject to audit, applicant should not include in the project budget matching funds (if applicable) in excess of the required match. All budgets are subject to OES modifications and approval.

OES requires the applicant to develop a **line item** budget that will enable them to meet the intent and requirements of the program, ensure the successful implementation of the project, and be cost-effective. Failure of the applicant to include required items in the budget does not exclude responsibility to comply with those requirements during the implementation of the project. The applicant should refer to the *Grantee Handbook* at www.oes.ca.gov. Applicant can select "Plans and Publications, RFA/RFP Grantee Handbook" for additional information concerning OES budget policy or to determine if specific proposed expenses are allowable. Contact the person listed on page 1, subsection B of this RFA if you have additional budget questions.

1. The Budget Narrative

Applicant is required to submit a narrative with the project budget. The narrative must be typed and placed in the application in front of the budget pages. In the narrative describe:

- How the project's proposed budget supports the stated objectives and activities in the project.
- How funds are allocated to minimize administrative costs and support direct services.
- The duties of project-funded staff, including any qualifications or education level necessary for the job assignment.
- How project-funded staff duties and time commitments support the proposed objectives and activities.
- Proposed staff commitment/percentage of time to other efforts, in addition to this project.
- The necessity for subcontracts and any unusual expenditures.
- Mid-year salary range adjustments.

2. Specific Budget Categories

There is a separate form in the Forms Section (Part III) for each of the following three budget categories:

- Personal Services – Salaries/Employee Benefits,
- Operating Expenses, and
- Equipment.

Each budget category requires line item detail that addresses the method of calculation and justification for the expense. Enter the amount of each line item in the right hand column of the Budget Category form. All charges must be clearly documented **and rounded off to the nearest whole dollar**. Enter the total amount of the budget category at the bottom of the form. If additional pages are needed, total only the last page of each budget category.

The bottom of the Equipment Category form contains a format for identifying the project total and fund distribution. This section must be completed and submitted even if there are no line items identified in the equipment category.

a. Personal Services – Salaries/Employee Benefits (Form A303a):

1) Salaries

Personal services include all services performed by staff who are directly employed by the applicant and must be identified by position and percentage of salaries. All other persons are to be shown as consultants in the Operating Expenses Category supported by a memorandum of understanding (MOU), contract, or operational agreement (OA), which must be kept on file by the grantee and made available for review during an OES site visit, monitoring visit, or audit. Furthermore, in the case of grants being passed through a grantee to be operated by another agency, the staff from the second agency will be shown in the Operating Expenses Category. In either case, they may be salaried or hourly, full-time or part-time positions. Sick leave, vacation, holidays, overtime, and shift differentials must be budgeted as salaries. If agency personnel have accrued sick leave or vacation time prior to the approval of grant funding, they may not take that time off using project funds.

2) Benefits

Employee benefits must be identified by type and percentage of salaries. Applicant may use fixed percentages of salaries to calculate benefits. Budgeted benefits cannot exceed those already established by the applicant.

Employer contributions or expenses for social security, employee life and health insurance plans, unemployment insurance, and/or pension plans are allowable budget items. Other benefits, such as uniforms or California Bar Association dues, are allowable budget items if negotiated as a part of an employee benefit package.

A line item is required for each different position/classification, but not for each individual employee. If several people will be employed full-time or part-time in the same position/classification, provide the number of full-time equivalents (e.g., three half-time clerical personnel should be itemized as 1½ clerical positions).

b. Operating Expenses (Form A303b):

Operating expenses are defined as necessary expenditures exclusive of personnel salaries, benefits and equipment. Such expenses may include specific items directly charged to the project, and in some cases, an indirect cost allowance. The expenses must be grant-related (e.g., to further the program objectives as defined in the grant award), and be encumbered during the grant period.

The following items fall within this category: consultant services such as subcontractors who are not employed by the applicant, travel, office supplies, training materials,

research forms, equipment maintenance, software equipment rental/lease, telephone, postage, printing, facility rental, vehicle maintenance, answering service fees, and other consumable items. Furniture and office equipment with an acquisition cost of less than \$1,000 per unit (including tax, installation, and freight) **and/or with a useful life of less than one year fall within this category.**

The applicant should budget for one planning meeting in Sacramento to plan and discuss program goals and objectives.

c. Equipment (Form A303c):

Equipment is defined as nonexpendable tangible personal property having **a useful life of more than one year** and an acquisition cost of \$1,000 or more per unit (including tax, installation, and freight).

A line item is required for each different type of equipment, but not for each specific piece of equipment (e.g., three laser jet printers must be one line item, not three).

C. THE APPLICATION APPENDIX

The Application Appendix provides OES with additional information from the applicant to support components of the application. The following must be included:

- Operational Agreements: OAs must be dated and contain original signatures, titles, and agency names for both parties. This document must demonstrate a formal system of networking and coordination with other agencies and the project. Those submitted with the application must be effective for the proposed grant year. For the purpose of this RFA, the terms OA and MOU are synonymous. A sample OA is provided in the Forms section of this RFA.
- Project Contact Information,
- Additional Signature Authorization,
- Sole/Single Source Justification – Contracts for Services Checklist,
- Sole Source Justification – Contracts for Goods Checklist.

**GOVERNOR'S OFFICE OF EMERGENCY SERVICES
CRIMINAL JUSTICE PROGRAMS DIVISION**

**CHILD ABUSE TRAINING AND TECHNICAL ASSISTANCE (CATTa)
PROGRAM
REQUEST FOR APPLICATION**

PART III – FORMS

CHECKLIST AND REQUIRED SEQUENCE

This checklist is provided to assist the applicant in ensuring that a complete application is submitted to OES.

- ☐ APPLICATION COVER SHEET
- ☐ GRANT AWARD FACE SHEET – Signed by the official authorized to enter into Grant Award Agreement.
- ☐ CERTIFICATE OF ASSURANCE OF COMPLIANCE – See description under “Part IV: Additional Information, subsection B.2., Finalizing the Grant Award Agreement.”
- ☐ THE PROJECT NARRATIVE
 - Problem Statement
 - Plan and Implementation
- ☐ THE PROJECT BUDGET
 - The Budget Narrative
 - Budget Forms – Forms A303a, A303b, A303c
- ☐ THE APPLICATION APPENDIX
 - Operational Agreements
 - Project Contact Information
 - Additional Signature Authorization
 - Sole/Single Source Justification – Contracts for Services Checklist
 - Sole Source Justification – Contracts for Goods Checklist



**CRIMINAL JUSTICE PROGRAMS DIVISION
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P.O. BOX 419047
RANCHO CORDOVA, CA 95741-9047
(916) 324-9100
FAX: 327-5674



APPLICATION COVER SHEET

RFA PROCESS

CHILD ABUSE TRAINING AND TECHNICAL ASISTANCE (CATTa) RFA

Deliver to Children's Section

Submitted by:

(Place name, address, and phone number of applicant here.)

GRANT AWARD FACE SHEET INSTRUCTIONS

1. **Administrative Agency**
Enter the complete name of the unit of government applying for funding (e.g., Alameda County, City of Fresno), also referred to as the "grantee."
2. **Implementing Agency**
Enter the complete name of the agency responsible for the day-to-day operation of the grant (e.g., Sheriff, Police Department), and the contact person's name, address, and phone number. Include an e-mail address, if you have one.
3. **Project Title**
Enter the complete title of the project. Do not use acronyms. Do not exceed 60 characters, including spaces and punctuation.
4. **Project Director**
Enter the name, title, mailing address, and telephone number of the individual ultimately responsible for the project. This information must be limited to four lines.
5. **Financial Officer**
Enter the name, title, mailing address, and telephone number of the person who will be responsible for all fiscal matters relating to the project. This person must be someone other than the project director. The reimbursement check for this project will be mailed to the address shown for the financial officer. This information must be limited to four lines.
6. **Award Number**
Leave blank (to be completed by OES).
7. **Grant Period**
Enter beginning and ending dates of funding as specified in the grant application instructions.
8. **Federal Amount**
If applicable, enter the amount of federal funds requested for the project. The amount must be consistent with the proposed budget. If not applicable, enter N/A.
9. **State Amount**
If applicable, enter the amount of state funds requested for the project. If not applicable, enter N/A.
10. **Cash Match**
If applicable, enter the amount of cash match. The amount must be consistent with the proposed budget. If not applicable, enter N/A.
11. **In-Kind Match**
If applicable, enter the amount of in-kind match. The amount must be consistent with the proposed budget. If not applicable, enter N/A.
12. **Total Project Cost**
Enter the sum of items 8, 9, 10, and 11. The amount must be consistent with the proposed budget.
13. **Official Authorized to Sign for Applicant/Grantee**
Enter the signature, name, title, address, and telephone number of the official authorized to enter into the Grant Award Agreement for the city/county or community-based organization, as stated in the language between items 12 and 13 of the Grant Award Face Sheet (Form A301). **Provide an original signature of the authorized official in blue ink.**

**GOVERNOR'S OFFICE OF EMERGENCY SERVICES
CRIMINAL JUSTICE PROGRAMS DIVISION**

GRANT AWARD FACE SHEET (FORM A301)

The Governor's Office of Emergency Services, hereafter designated OES, hereby makes a grant award of funds to the following

Administrative Agency (1) _____

hereafter designated Grantee, in the amount and for the purpose and duration set forth in this grant award.

(2) Implementing Agency Name _____

Contact _____ **Address** _____

E-mail address _____ **Telephone ()** _____

(3) Project Title (60 characters maximum)	(6) Award No.
(4) Project Director (Name, Title, Address, Telephone, E-mail) (five lines maximum)	(7) Grant Period
	(8) Federal Amount
	(9) State Amount
(5) Financial Officer (Name, Title, Address, Telephone, E-Mail) (five lines maximum)	(10) Cash Match N/A
	(11) In-Kind Match N/A
	(12) Total Project Cost

This grant award consists of this title page, the application for the grant which is attached and made a part hereof, and the Assurance of Compliance forms which are being submitted. I hereby certify that: (1) I am vested with authority to, and have the approval of the City/County Financial Officer, City Manager, or Governing Board Chair, enter into this grant award agreement; and (2) all funds received pursuant to this agreement will be spent exclusively on the purposes specified. The grant recipient signifies acceptance of this grant award and agrees to administer the grant project in accordance with the statute(s), the Program Guidelines, the *Grantee Handbook*, and the OES audit requirements, as stated in this RFP or RFA. The grant recipient further agrees to all legal conditions and terms incorporated by reference in this RFP or RFA.

<p style="text-align: center;"><u>FOR OES USE ONLY</u></p> <p>Item: _____</p> <p>Chapter: _____</p> <p>PCA No.: _____</p> <p>Components No.: _____</p> <p>Project No.: _____</p> <p>Amount: _____</p> <p>Split Fund: _____</p> <p>Split Encumber: _____</p> <p>Year: _____</p> <p>Fed. Cat. #: _____</p> <p>Match Requirement: _____</p> <p>Fund: _____</p> <p>Program: _____</p> <p>Region: _____</p>	<p>(13) Official Authorized to Sign for Applicant/Grant Recipient</p> <p>Signature: _____</p> <p>Name: _____</p> <p>Title: _____</p> <p>Address: _____</p> <p>Telephone: () _____</p> <p>E-mail address _____</p> <p>Date: _____</p> <hr/> <p>I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purposes of this expenditure stated above.</p> <hr/> <p style="text-align: center;">Fiscal Officer, _____ Date _____</p> <hr/> <p style="text-align: center;">Executive Director, _____ Date _____</p>
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CERTIFICATION OF ASSURANCE OF COMPLIANCE

I, _____, hereby certify that:
(official authorized to sign grant award; same person as line 13 on Grant Award Face Sheet)

GRANTEE: _____

IMPLEMENTING AGENCY: _____

PROJECT TITLE: _____

is responsible for reviewing the *Grantee Handbook*¹ and adhering to all of the Grant Award Agreement requirements (state and/or federal) as directed by OES including, but not limited to, the following areas:

I. **Equal Employment Opportunity – (*Grantee Handbook Section 2151*)**

It is the public policy of the State of California to promote equal employment opportunity by prohibiting discrimination or harassment in employment because of race, religious creed, color, national origin, ancestry, disability (mental and physical) including HIV and AIDS, medical condition (cancer and genetic characteristics), marital status, sex, sexual orientation, denial of family medical care leave, denial of pregnancy disability leave, or age (over 40). **OES-funded projects certify that they will comply with all state and federal requirements regarding equal employment opportunity, nondiscrimination and civil rights.**

Please provide the following information:

Affirmative Action Officer: _____

Title: _____

Address: _____

Phone: _____

Email: _____

II. **Drug-Free Workplace Act of 1990 – (*Grantee Handbook Section 2152*)**

The State of California requires that every person or organization awarded a grant or contract shall certify it will provide a drug free workplace.

III. **California Environmental Quality Act (CEQA) – (*Grantee Handbook Section 2153*)**

The State of California requires all OES-funded projects to obtain written certification that the project is not impacting the environment negatively.

¹The *Grantee Handbook* can be obtained from www.oes.ca.gov. Applicant can select "Plans and Publications, RFA/RFP Grantee Handbook" to access the *Grantee Handbook*.

IV. Lobbying – (*Grantee Handbook Section 2154*)

OES grant funds, grant property, or grant funded positions shall not be used for any lobbying activities, including, but not limited to, being paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal grant or cooperative agreement.

V. Debarment and Suspension – (*Grantee Handbook Section 2155*)

(This applies to federally funded grants only.)

OES-funded projects must certify that it and its principals are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of federal benefits by a state or federal court, or voluntarily excluded from covered transactions by any federal department of agency.

VI. Proof of Authority from City Council/Governing Board

The above-named organization (applicant) accepts responsibility for and will comply with the requirement to obtain written authorization from the city council/governing board in support of this program. The applicant agrees to provide all matching funds required for said project (including any amendment thereof) under the Program and the funding terms and conditions of OES, and that any cash match will be appropriated as required. It is agreed that any liability arising out of the performance of this Grant Award Agreement, including civil court actions for damages, shall be the responsibility of the grant recipient and the authorizing agency. The State of California and OES disclaim responsibility of any such liability. Furthermore, it is also agreed that grant funds received from OES shall not be used to supplant expenditures controlled by the city council/governing board.

The applicant is required to obtain written authorization from the city council/governing board that the official executing this agreement is, in fact, authorized to do so. The applicant is also required to maintain said written authorization on file and readily available upon demand.

All appropriate documentation must be maintained on file by the project and available for OES or public scrutiny upon request. Failure to comply with these requirements may result in suspension of payments under the grant or termination of the grant or both and the grantee may be ineligible for award of any future grants if the OES determines that any of the following has occurred: (1) the grantee has made false certification, or (2) violates the certification by failing to carry out the requirements as noted above.

CERTIFICATION

I, the official named below, am the same individual authorized to sign the Grant Award Agreement [line 13 on Grant Award Face Sheet], and hereby swear that I am duly authorized legally to bind the contractor or grant recipient to the above described certification. I am fully aware that this certification, executed on the date and in the county below, is made under penalty of perjury under the laws of the State of California.

Authorized Official's Signature: _____

Authorized Official's Typed Name: _____

Authorized Official's Title: _____

Date Executed: _____

Federal ID Number: _____

Executed in the City/County of: _____

AUTHORIZED BY:

- City/County Financial Officer
- City Manager
- Governing Board Chair

Signature: _____

Typed Name: _____

Title: _____

**THE PROJECT NARRATIVE
GOES HERE**

No standard forms are provided for the Project Narrative.

See Instructions in Part II of this RFA for details.

THE PROJECT BUDGET
THE BUDGET NARRATIVE

GOES HERE

No standard forms are provided for the Budget Narrative.

See Instructions in Part II of this RFA for details.

BUDGET CATEGORY AND LINE ITEM DETAIL	
A. Personal Services – Salaries/Employee Benefits	COST
TOTAL	

Form A303a

BUDGET CATEGORY AND LINE ITEM DETAIL	
B. Operating Expenses	COST
TOTAL	

Form A303b

[illegible]

THE APPLICATION APPENDIX

GOES HERE

See Instructions in Part II of this RFA for details.

SAMPLE OPERATIONAL AGREEMENT

This Operational Agreement stands as evidence that the (applicant agency) and the (agency) intend to work together toward the mutual goal of providing maximum available assistance for crime victims residing in (jurisdiction). Both agencies believe that implementation of the (program) application, as described herein, will further this goal. To this end, each agency agrees to participate in the program, if selected for funding, by coordinating/providing the following services:

The (applicant agency) project will closely coordinate the following services with the (agency) through:

- Project staff being readily available to (agency) for service provision through (describe arrangements with the agency);
- Regularly scheduled meetings (how often) between (persons/positions) to discuss strategies, timetables and implementation of mandated services.

* Specifically:

* List specific activities that will be undertaken between the two agencies or other specifics of the agreement.

We, the undersigned, as authorized representatives of (applicant agency) and (agency), do hereby approve this document.

For _____

For _____

Date _____

Date _____

PROJECT CONTACT INSTRUCTIONS

1. Provide the name, title, address, telephone number, and e-mail address for the person having day-to-day responsibility for the project.
2. Provide the name, title, address, telephone number, and e-mail address for the person to whom the person listed in #1 is accountable.
3. Provide the name, title, address, telephone number, and e-mail address for the Chief Executive of the implementing agency.
4. Provide the name, title, address, telephone number, and e-mail address for the financial officer for the project.
5. Provide the name, title, address, telephone number, and e-mail address for the project director for the project.
6. Provide the name, title, address, telephone number, and e-mail address for the Chair of the Governing Body of the implementing agency.

PROJECT CONTACT INFORMATION

Applicant: _____ Grant Number _____
(FOR OES USE ONLY)

Provide the name, title, address, telephone number, and e-mail address for the project contact persons named below. **If a section does not apply to your project, enter "N/A."**

1. The **person** having **day-to-day responsibility** for the project:

Name:	Title:	
Address:	City:	Zip:
Telephone Number: ()	Fax Number: ()	
E-Mail Address:		

2. The **person** to whom the person listed in **#1 is accountable**:

Name:	Title:	
Address:	City:	Zip:
Telephone Number: ()	Fax Number: ()	
E-Mail Address:		

3. The **executive director** of a nonprofit organization or the **chief executive officer** (e.g., chief of police, superintendent of schools) of the implementing agency:

Name:	Title:	
Address:	City:	Zip:
Telephone Number: ()	Fax Number: ()	
E-Mail Address:		

4. The **financial officer** for the project:

Name:	Title:	
Address:	City:	Zip:
Telephone Number: ()	Fax Number: ()	
E-Mail Address:		

5. The **project director** for the project:

Name:	Title:	
Address:	City:	Zip:
Telephone Number: ()	Fax Number: ()	
E-Mail Address:		

6. The **chair** of the **governing body** of the implementing agency: *(Provide address and telephone number other than that of the implementing agency.)*

Name:	Title:	
Address:	City:	Zip:
Telephone Number: ()	Fax Number: ()	
E-Mail Address:		

ADDITIONAL SIGNATURE AUTHORIZATION INSTRUCTIONS

Applicant may request signature authority in addition to the designated Project Director and/or Financial Officer by completing an Additional Signature Authority form and submitting it with the Grant Award Forms package. Space is provided for the addition of up to five (5) additional authorizations for the Project Director or Financial Officer.

No single individual may be authorized to sign for both the Project Director and the Financial Officer. **By signing the bottom of this form, the Project Director and/or Financial Officer authorize the person(s) identified on the form to act on their behalf on all grant-related matters.**

ADDITIONAL SIGNATURE AUTHORIZATION

Grant Award #: _____

Applicant: _____

Project Title: _____

Grant Period: _____ to _____

The following persons are authorized to sign for:

Project Director

Signature

Name

Signature

Name

Signature

Name

Signature

Name

Signature

Name

Financial Officer

Signature

Name

Signature

Name

Signature

Name

Signature

Name

Signature

Name

Approved By:

Project Director: _____

Date

Financial Officer: _____

Date

Regional/Local
Planning Director: _____

Date

SOLE/SINGLE SOURCE JUSTIFICATION CONTRACTS FOR SERVICES

CHECKLIST

Has the applicant/grantee met the following requirements of the *Grantee Handbook*:

Section 4510

Yes

No

Do conditions exist that require a sole/single-source contract?

☐☐

Section 4521

Is a brief description of the program or project included?

☐☐

Section 4522

Was it necessary to contract noncompetitively?

☐☐

Did the contractor submit his/her qualifications?

☐☐

Is the reasonableness of the cost justified?

☐☐

Were cost comparisons made with differences noted for similar services?

☐☐

Section 4523

Is an explanation provided for the uniqueness of the contract?

☐☐

Section 4524

Are there time constraints impacting the project?

☐☐

Is a justification provided regarding the need for contract?

☐☐

Were comparisons made to identify the time required for another contractor to reach the same level of competence?

☐☐

SOLE SOURCE JUSTIFICATION CONTRACTS FOR GOODS

CHECKLIST

Has the applicant/grantee met the following requirements of the *Grantee Handbook*:

Section 3510

Yes

No

Do conditions exist that require a sole/single-source contract?

☐☐

Section 3520

Is a brief description of the program or project included?

☐☐

Was it necessary to contract noncompetitively?

☐☐

Did the contractor submit his/her qualifications?

☐☐

Is the reasonableness of the cost justified?

☐☐

Were cost comparisons made with differences noted for similar services?

☐☐

Is an explanation provided for the uniqueness of the contract?

☐☐

Are there time constraints impacting the project?

☐☐

Is a justification provided regarding the need for contract?

☐☐

Were comparisons made to identify the time required for another contractor to reach the same level of competence?

☐☐